Recommendations to Strengthen and Expand the Illinois Evidence-based Home Visiting System
For Consideration by the Illinois Commission on Equitable Early Childhood Education and Care Funding
Developed by the Ounce of Prevention Fund
June 2020[1]

Executive Summary

Governor J.B. Pritzker committed in January 2020 to expand evidence-based home visiting services by 12,500 slots over the next five years. With the formation of the Illinois Commission on Equitable Early Childhood Education and Care Funding (Funding Commission) and the administration's commitment to home visiting expansion, Illinois has opened a window of opportunity in which to design and implement improved statewide home visiting governance and funding structures to support the planful expansion and administration of home visiting services.

To that end, **the state should establish a lead home visiting division** with the authority to provide oversight and make decisions regarding the full home visiting system.

Simply creating a new home visiting division alone, unfortunately, will not guarantee improved experiences for children and providers. Past attempts to restructure state government have proven difficult, and the outcomes of those efforts produced mixed results. And changes to the current governance structures and funding mechanisms can also create unforeseen problems or new bifurcations from adjacent programs and services.

For consolidation to lead to improved experiences for children and providers, the state must develop a thoughtful implementation plan that minimizes disruption for families and providers during any major transitions. And importantly, **both the new home visiting division, specifically, and its more centralized early care and education governance structure, broadly, must be staffed sufficiently and granted the authority necessary to execute the transition plan.**

As is the case today, **the state will need to partner with private intermediaries in order support critical infrastructure elements of the home visiting system**, like professional development, technical assistance, and program monitoring.

Illinois is recognized nationally as a leader in home visiting because it has built a system that supports a variety of evidence-based models and innovative practices with substantial state resources. Funding for home visiting has increased, in large part, due to the system's formal connections to the state's education system. To sustain and grow funding for home visiting under reformed governance and financing structures, **the state must continue dedicating a significant portion of early care and education funding to support programs for infants and toddlers and their families, starting prenatally.**

[1] The contents of the memorandum reflect current positions held by the Ounce of Prevention Fund. As discussions around the state's governance and financing structures evolve, updated or additional materials may be developed.

Recommendations for a Strengthened Home Visiting System

Leadership of the major home visiting funders has supported the growth of a strong network of statewide providers over the course of many years. State agencies, the Governor's Office of Early Childhood Development (GOECD), and the Home Visiting Task Force (HVTF) have all worked to coordinate certain government functions and activities, with some success. The HVTF, a standing committee of the Early Learning Council, plays a crucial role in these efforts, providing guidance, strategic vision, and significant staff support to the GOECD. In particular, the Executive Committee of the HVTF for years has been the coordinating body at which all major funders collaborate, share information, and make decisions about the entire system.

Even with this collaboration across the major funding streams, the home visiting system lacks the governance structure necessary to take decisive action to provide adequate and equitable services. All too often, improvements to the administration of the statewide system have come about not because of the implementation of a coherent plan, but because of organic partnership between agencies and private partners working together within a fragmented system.

To strengthen its home visiting system, the state should establish a lead home visiting division (likely under a centralized governance structure for all early care and education services) with the authority to provide oversight and make decisions regarding the full home visiting system. *This new structure, in collaboration with public and private partners, will be responsible for ensuring the home visiting system features the following elements and/or functions.*[2] *To that end, the state should support and utilize existing capacity that has already been built - sometimes outside of state government - to support these elements and execute these functions.*

Programmatic Decision-Making (Funding Allocation, Program Design, Program Development)

- Adopt a comprehensive cost model for intensive home visiting services, plus additional program enhancements, built on the model-agnostic cost model produced by the Ounce with GOECD.[3,4]
- Conduct regular, statewide needs assessments to identify gaps in the service network, effectiveness in reaching priority populations, and determining a standard calculation of need.
- Create a funding formula through the blending of state and federal sources to allocate the majority of home visiting funding to established providers, some of which may be larger intermediaries.[5, 6]

[2] The recommendations are intended to align with major objectives for HV under the Early Learning Council's vision for its home visiting system, the state's strategic plan under the Preschool Development Grant Birth to Five (PDG B-5), and the Prenatal to Three Initiative policy agenda.

[3] The per-child cost of intensive home visiting services for a program size of 5 FTE home visitors, including infrastructure supports, is $7,550 for a program downstate and $9,488 for a program in Cook or collar counties.

[4] Cross-model analysis of MIECHV funded home visiting budgets by HRSA show that labor costs account for 73% of all resources; direct service delivery makes up roughly half of all labor costs, with supervising, coordination, and administration roles comprising less of the overall labor costs. There is agreement that the majority of HV costs should be related to personnel.

[5] By pulling funding from alternate sources into one centralized system, the state will be positioned to align particular streams to outcomes and models and to draw down appropriate alternate federal funding streams to maximize state dollars and expand HV services.

[6] Engage EHS/HS funders of home visiting to ensure their service sites and data are recorded in IECAM and that funding expansions are coordinated with the state system.

- Operate a statewide RFP process to bring new providers into the home visiting system.[7]
- Operate a smaller statewide RFP process (or additional grants mechanism) to fund demonstration projects, evaluations, or other innovations in service delivery to scale promising practices, particularly those serving Priority Populations.[8]
- Coordinate program development and technical assistance support needed to build provider capacity within the home visiting field, particularly for new or innovative programs.
- Coordinate statewide program enhancements, such as the embedding of doulas into home visiting programs, and oversee the adoption and expansion of innovative home visiting strategies to serve priority populations, such as families experiencing homelessness, child welfare system involvement, and the incarceration of a parent.
- Expand universal supports for all new births to connect families with local community services and resources based on individual needs and family wishes.
- Identify, use common contract language and deliverables for programs to reduce reporting burdens.
- Adopt a core set of standards and outcomes indicators for all home visiting programs to ensure effective program monitoring, improved data collection, and program quality improvement.

National home visiting enrollment and retention data have long suggested that innovations to traditional service delivery models are needed to be more responsive to family needs and desires. Over-reliance on fidelity to evidence-based models, as well as a lack of alignment across funders as to what counts as an evidence-based model, has created barriers to both implementing and scaling innovations and emerging practices that may be better suited to engage and serve families. Illinois must be open to prioritizing new and different measures of the quality and effectiveness of programs, such as parental efficacy and length of retention, and must fund practices beyond the scope of the HomVEE approved evidence-base. This is not just an Illinois position, but the state can be a leader and has a history of modifying programs and models to engage and serve priority populations. Supporting emerging and innovative types of service delivery does not mean that we are relaxing quality, but that our system is being more responsive.

Illinois is also experimenting with an evidence-based model for universal newborn supports, Family Connects Illinois (FC IL). Two initial pilot projects, funded by ISBE and MIECHV, have now been in operation for more than three years, providing nurse home visits to all families with newborns and ensuring there is an entry point to essential support services for all families in a community. With a combination of public and private investment, the Chicago Department of Public Health, launched a multi-site expansion of Family Connects in partnership with five Chicago hospitals in the Fall of 2019. (This project was suspended temporarily in March 2020 due to the COVID pandemic.)

To advance these cutting-edge approaches, Illinois home visiting requires a cohesive statewide vision and corresponding leadership.

[7] This would reduce the frequency with which providers respond to RFPs issued by multiple funders. It would allow for targeted investments based on a statewide needs assessment and likely uptake of services by eligible families.
[8] Access Committee - All Families Served Subcommittee Recommendation on Priority Populations, February 2019

Quality Infrastructure (Professional Development, Program Monitoring, Data and Research)

- Support existing public-private partnerships and intermediaries to extend state capacity, distribute resources efficiently, provide continuity across political transitions, and leverage additional private dollars to strengthen the state home visiting system.
- Support the continued development and maintenance of the statewide professional development system, one that would provide training and technical assistance, require reflective supervision and Infant/Early Childhood Mental Health Consultation, and adopt a core set of competencies for all home visiting staff.[9]
- Create a consolidated statewide data system[10] that would allow for more efficient and more robust data input at the program and output at the division and agency level.
- Support research capacity so agency leaders can make data-informed and evidence-based decisions about the design and implementation of programming that is responsive to the changing needs of children, families, and their communities.
- Develop and adopt a cross-model quality framework aligned to the broader early care and education system, which can be used as a tool for monitoring.
- Adopt a uniform reporting format and coordinated reporting schedule for all home visiting programs, including strategies to facilitate shared data collection and reporting capacity.
- Oversee the development and implementation of a system of Coordinated Intake (CI) for home visiting - even if funds are blended and braided at the state level - to ensure families are connected to the programs most appropriate for them.[11]

The centralization of home visiting management and oversight responsibilities has the potential to enable state leaders to develop and harmonize policies, rules, regulations, and procedures at the government or agency level. But for consolidation to lead to improved experiences for children and providers, the state must develop a thoughtful implementation plan that minimizes disruption for families and providers during any major transitions.

A new home visiting division must be equipped with the requisite capacity to execute the transition plan and administer its programs with fidelity. This plan should feature prominently the use of and coordination with private partners, partners that already add an invaluable amount of capacity to the state, connect to the field and local community, and support the development and expansion of innovative practices. This focus on quality must continue as the system grows and evolves under a new home visiting division.

[9] Additional work should include aligning home visitor preparation and professional development with other core infant/toddler practitioners, mostly notably Early Intervention providers.

[10] This could be one statewide data system, or a set of shared metrics used across model/funder.

[11] This CI system for HV should not be created at the expense of any single-point-of-entry system developed for all early care and education services, which would serve a different purpose of ensuring families receive all of the services they need and transition between programs successfully.

Additional Considerations for the Successful Implementation of a Strengthened Home Visiting System

Creating a new home visiting division alone, unfortunately, will not guarantee improved experiences for children and providers. *Below are examples where past attempts to coordinate and/or consolidate certain state functions for the home visiting system have proved difficult. Included are additional recommendations for how to avoid similar problems.*

A key to success will be the continued collaboration between the state and its private partners, namely the Home Visiting Task Force, a body that has played an indispensable role in the development of the state's home visiting system. This public-private partnership is the central mechanism through which feedback from the field is delivered to state policymakers.

Funding Streams, Program Models

Consolidating funding does not automatically eliminate differences in program requirements. For example, federal funding streams, like Early Head Start or MIECHV, will likely always come with their own reporting requirements that the state cannot change and the state may not think it best to accede to those requirements. The state will need to implement with fidelity all of these different requirements, some of which are beyond the state's authority. And if future expansion of home visiting funding includes drawing down Medicaid dollars, the home visiting division would need administrative systems robust enough to ensure programs can bill properly. Centralized administration of programs does not fully solve for these problems.

In addition to multiple funding streams, there are also several home visiting models in use today with different requirements and standards. Each of the major models used in Illinois, for instance, requires different levels of educational attainment for home visitors. *To maximize available funding streams while supporting quality and model choice, the state should:*

- Invest in robust administrative systems to ensure implementation fidelity, accurate reporting, and timely reimbursement across multiple, complex funding streams.
- Develop a career pathway with cross-model competencies or credentials for providers to address compensation issues and to standardize program quality and critical workforce supports like Infant/Early Childhood Mental Health Consultation (I/ECMHC) and reflective supervision.

State Appropriations

Early childhood education investments have increased in Illinois in part because the expansion of the ECBG has been linked (informally) to growth in funding for the K-12 education budget. Similarly, the education funding for programs supporting infants and toddlers has increased significantly because it is set in state law at a percentage of the overall preschool investment. This means home visiting appropriations in the ISBE budget have grown dramatically, while IDHS-funded home visiting has stagnated for nearly two decades. It is unknown whether centralized administration would impact positively or negatively the long-term trajectory of home visiting appropriations, but where programs "live" in the state budget does matter. *To mitigate these risks, the state should:*

- Dedicate a significant portion of all early care and education funding to support programs for infants and toddlers and their families, starting prenatally. This mechanism, to be codified into state law, would direct to prenatal-3 services a proportionate share of early care and education funds, no less than the share of funding those programs receive currently or are provided through current law.

This legal safeguard will help the state grow and focus resources to address issues of access to both home visiting and high-quality infant/toddler care.

Professional Development

The home visiting professional development (PD) system has benefited from some collaboration across the major funders. The Ounce Institute serves as a central provider of professional development, training home visitors employed by programs funded by ISBE and IDHS. This arrangement has only worked, though, because each funder has chosen the Ounce as its PD provider. T*o ensure coherence for the system's workforce structure, the new state home visiting division should:*

- Support the continued development and maintenance of the statewide professional development system.

Data Collection and Reporting

Any consolidation of the home visiting system will still require the development of a shared database or the creation of a "backdoor" exchange of data able to produce aligned reporting. Consolidation can accelerate the development of an improved statewide data system by situating a single leadership structure capable of determining aligned data priorities. But without increased investment in aligned data systems with appropriate staffing levels, we could still have bifurcated data sets. Additionally, if home visiting programs are operated by an agency other than ISBE, we must plan to align the new structure with the state's K-12 data system in order to capture longitudinal data on the progress of our children, beginning in their earliest years. *To capture the maximum benefit from consolidation, the state should:*

- Invest in aligned data systems with appropriate staffing levels to maintain coherent and consistent data and support data-informed decision making.

Program Monitoring

The state tried to create more coherence in the monitoring of home visiting programs by having a single entity act as the monitor across funding streams. But because of the current mechanisms of state contracting, those plans were abandoned and now the state lacks the necessary monitoring uniformity across programs. *To ensure coherent statewide monitoring, the new state home visiting division should:*

- Ensure contracting language permits identifying and securing statewide monitors for home visiting.

Systems Integration

For years, GOECD for has convened the various home visiting funders to participate in efforts to align the home visiting system. For example, the administration has asked its state agency partners to produce real-time enrollment data and attempts have been made to identify a core set of shared program outcomes. The work has been slow and incremental. Moving all home visiting funding streams into the same division within a state agency has the potential to make things better. *To support partnership and collaboration, the new state division should:*

- Create integrated structures and processes within the centralized home visiting division, specifically, and between the home visiting division and other divisions of the new early care and education structure, broadly.

Appendix 1: Overview of the Illinois Home Visiting System

Illinois has long valued evidence-based home visiting (HV) programs as an effective and efficient strategy for supporting the life trajectory of expectant and new families who are at risk for poor health, educational, economic, and social outcomes. At its core, home visiting is a relationship between new parents and trained professionals, who promote strong parent-child attachment, coach parents on learning activities that foster their child's health and development and prepare them for school. Home visitors also screen and monitor the health, mental health and well-being of parents and their children and connect families to needed medical and other services. Doulas— community-based paraprofessionals who offer regular support to pregnant and birthing parents before, during, and after labor and delivery—are embedded within many state-funded home visiting programs.

Over the past three decades, Illinois developed a cross-sector, statewide home visiting system that provides these essential services to over 19,000 families per year, making it a nationally-recognized example of a state system supporting a variety of evidence-based models and innovative practices. Yet despite much effort and demonstrated success in building a more coordinated system over many years, what we have today in Illinois is still inadequately funded and inefficiently organized. The need to engage more families in different ways has never been more evident.

Evidence-based home visiting is one of the core early childhood programs offered in Illinois. These services can be a family's initial entry into the state's robust, though fragmented, early care and education system. The continuum of home visiting programs in Illinois serves families beginning prenatally through a mixed-delivery system supported by several major funding streams.[12] Notably, Illinois has offered state-funded home visiting services since the 1980s, and was the first to commit significant education dollars to support the intervention. Since the mid-1990s, the federal Early Head Start program has also funded home visiting in Illinois communities. These funds are not administered by the state, but are an important part of the array of early learning supports at the community level.

State funds flow to programs through competitive grants to community providers. These funding streams support a network of over 300 programs across the state, serving approximately 19,000 families per year. A hallmark of our Illinois system is that we allow communities to choose a model based on its needs. Under this "big tent" approach, Illinois has identified five models that can be supported with state funds, each have their own unique model and research base.[13] Targeted investments in promising practices have also supported demonstration projects serving families experiencing homelessness, pregnant and parenting youth involved with the child welfare system, and pregnant and new mothers experiencing incarceration.

Despite the state's position as a national leader in home visiting, services are still not available to enough of those who could benefit from them[14] and low workforce wages contribute to constant staff turnover.

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[12] Early Childhood Block Grant Prevention Initiative (PI) program at the Illinois State Board of Education (State), Parents Too Soon and Healthy Families at the Illinois Department of Human Services (State), Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program (Federal), Early Head Start (Federal), and a small amount of private and local funding in communities throughout the state (Local).

[13] Parents as Teachers, Healthy Families, Early Head Start, and Nurse Family Partnership. ISBE also funds BabyTalk, recognized as an evidence-supported model.

[14] Parents Too Soon and Healthy Families (IDHS) have not received an increased appropriation is at least 15 years.

Appendix 2: Evidence to Support Home Visiting Consolidation

Funding Considerations

Illinois has struggled to coordinate the allocation of state resources across funding streams, both to ensure new slots are created in communities where home visiting is needed and also to reduce the burden experienced by programs that blend and braid multiple funding streams. With respect to the former, overlapping funding opportunities have meant that some communities have little-to-no home visiting capacity, while other areas have as many slots (or even more, in a few cases) than the number of eligible families likely to engage in the program. To the latter, beyond the administrative burden associated with frequent competitive grant processes from multiple funders of home visiting, programs may face conflicting monitoring, data tracking, and service-delivery requirements.

The state's funding processes could be streamlined to reduce the burden on established providers and ensure greater statewide coherence on the allocation of funding year over year. Below are additional outcomes that would strengthen the state's home visiting system:

Illinois can lead by example by directing substantial investments in home visiting to compensation increases and added workforce supports necessary to recruit and retain a highly-qualified, culturally responsive workforce. National research shows that the direct service-labor costs make up the largest portion of home visiting program expenses, yet cost modeling estimates by the Ounce show that the per-slot funding allocated to home visiting programs is insufficient to meet compensation levels that align with the experience and education levels of direct service.[15] In addition, variations in program funding create perverse incentives for home visitors who want to stay in the field to pursue the same role in another agency in order to gain a salary increase. The resultant high-staff turnover rates can have a negative impact on child and family experiences and outcomes (given the relationship-based nature of the work) and can mean that funded home visiting slots go unfilled when programs cannot fill vacant home visitor positions. An intentional, statewide workforce strategy focusing on adequately compensating providers must accompany expansion of services.

Data Collection, Data Reporting, and Program Monitoring

Illinois also has a history of successes and challenges in data collection and program monitoring. During the state's nearly three-year budget impasse, the major funders reported on enrollment and staff vacancy challenges regularly to the HVTF to inform advocacy efforts and monitor the health of the system. However, the current data picture is more fragmented; each funder requires programs to collect/report different metrics, using data systems which may not be compatible with one another.[16] As a result, we have not been able to produce a count of the number of families served in home visiting, the number of staff vacancies, or even the funded capacity of programs across the entire system in a real-time or even timely manner. Not only do state agencies need accurate data, but home visiting programs do too in order to inform their needs assessments, program planning, and service delivery.

In another example, GOECD is leveraging federal MIECHV funding of a comprehensive needs assessment for home visiting to engage the entire system and create a shared data set that can drive decisions by various funders on placement of new programs. This project will only work, however, if all current

[15] Urban Institute – Home Visiting Career Trajectories, January 2020

[16] There are several different data systems in use today.

funders are required to refer to this data as their base for decisions, something GOECD is unable to require of these funders.

While some data collection points are specific to each model, there are some outcomes and indicators that are not, like enrollment. Therefore, a consolidated statewide data system[17] would enable home visitors to enter data more quickly and agencies to run regular reports. State planning depends on being able to pull accurate data on current services, but the home visiting system is, at present, lacking any meaningful centralized data infrastructure.

Program monitoring is another area negatively impacted by the fragmented home visiting system in place today. Until recently, ISBE and MIECHV used the same agency to monitor its programs, which reduced the burden on jointly-funded programs and staff who work with program monitors. But the ISBE contract was awarded to a different monitoring entity entirely, which means some programs now have multiple monitors. This suggests that a more formal, lasting alignment between all the funders would be beneficial to program administrators, staff, and the system overall.

System Planning and Quality Improvement

Even where there has been collaboration between major funders, Illinois lacks the governance structure necessary to set a statewide vision and update policies and priorities for the home visiting system.

Each of the major models used in Illinois, for instance, requires different levels of educational attainment for home visitors. By defining a career pathway with cross-model competencies or credentials for providers, the state would be better positioned to address compensation issues and to standardize program quality and critical workforce supports like Infant/Early Childhood Mental Health Consultation (I/ECMHC) and reflective supervision.

[17] This could be one statewide data system, or a set of shared metrics used across model/funder.